

72732
PATENT
5838-00300
B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/864,510

§ Examiner: R. A. Lewis
§ Group/Art Unit: 3732
§ Atty. Dkt. No.: 5838-00300

Confirmation No.: 2445

Filing Date: May 24, 2001

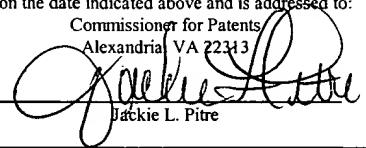
Inventors: Murphy et al.

Title: VENTRICULAR
RESTORATION SHAPING
APPARATUS AND METHOD
OF USE

CERTIFICATE OF MAILING
UNDER 37 C.F.R. §1.8

DATE OF DEPOSIT: May 13, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:
Commissioner for Patents
Alexandria VA 22313


Jackie L. Pitre

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

It is respectfully requested that this Information Disclosure Statement be entered and the documents listed on attached Form PTO-1449 be considered by the Examiner and made of record. Copies of U.S. Patents and U.S. Patent Applications are not required and have not been provided.

It is hereby certified that reference numbers HH1-HH2 in the enclosed Information Disclosure Statement were not cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned person after making reasonable inquiry, was known to any individual designated in § 1.56 (c) more than three months prior to the filing of the Statement.

05/17/2005 FMETEK11 00000036 501505 09864510

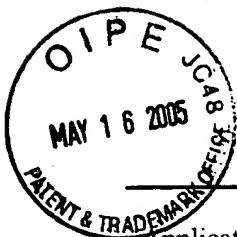
01 FC:1806 180.00 DA

Enclosed is a fee authorization form for the filing of this Information Disclosure Statement. Should any further fees be required, the Commissioner is authorized to charge said fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account No. 50-1505/5838-00300/EBM.

Respectfully submitted,

Eric B. Meyertons
Reg. No. 34,876
Attorney for Applicants

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
P.O. Box 398
Austin, Texas 78767-0398
Ph: (512) 853-8800 Fax: (512) 853-8801
Date: May 13, 2005



PATENT
5838-00300

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/864,510

§ Examiner: R. A. Lewis
§ Group/Art Unit: 3732
§ Atty. Dkt. No.: 5838-00300

Confirmation No.: 2445

Filing Date: May 24, 2001

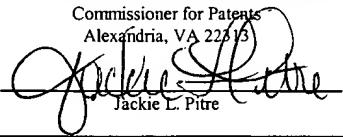
Inventors: Murphy et al.

Title: VENTRICULAR
RESTORATION SHAPING
APPARATUS AND METHOD
OF USE

CERTIFICATE OF MAILING
UNDER 37 C.F.R. §1.8

DATE OF DEPOSIT: May 13, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to:
Commissioner for Patents
Alexandria, VA 22313


Jackie L. Pitre

FEES AUTHORIZATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

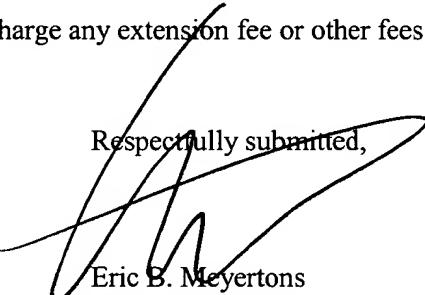
Sir:

The Commissioner is hereby authorized to charge the following fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 15-1505/5838-00300/EBM:

1. Information Disclosure Statement Fee	\$180.00
<u>TOTAL AMOUNT:</u> <u>\$180.00</u>	

The Commissioner is also authorized to charge any extension fee or other fees that may be necessary to the same account number.

Respectfully submitted,


Eric B. Meyertons
Reg. No. 34,876
Attorney for Applicants

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.

P.O. Box 398

Austin, Texas 78767-0398

Ph: (512) 853-8800

Fax: (512) 853-8801

Date: May 13, 2005

EXAMINER:

DATE CONSIDERED:

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to the patent owner.